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## BIB DATA SHEET

CONFIRMATION NO. 8554

<b>SERIAL NUMBER</b> 10/785,473	<b>FILING or 371(c) DATE</b> 02/24/2004 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3691	<b>ATTORNEY DOCKET NO.</b> AI 7391 C1	
<b>APPLICANTS</b> James F. Allsup, Belleville, IL; Scott P. Poston, Millstadt, IL; <b>** CONTINUING DATA *****</b> This application is a CIP of 09/629,323 07/31/2000 PAT 7,260,548 which claims benefit of 60/189,551 03/15/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/15/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /GREGORY L JOHNSON/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWINGS</b> 11	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 10
<b>ADDRESS</b> POLSTER, LIEDER, WOODRUFF & LUCCHESI 12412 POWERSCOURT DRIVE SUITE 200 ST. LOUIS, MO 63131-3615 UNITED STATES					
<b>TITLE</b> Long term disability overpayment recovery service with interactive client component					
<b>FILING FEE RECEIVED</b> 758	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		